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THE STUDY OF HEALTH EDUCATION PROGRAMME  
IN THE GOVT. TEACHERS TRAINING INSTITUTES  
DARYAGANJ AND ALIPORE UNDER DELHI ADMINISTRATION

By

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(Jammu and Kashmir State)

(R)

Supervised  
Sponsored by -

Shri L.C. Singh  
Research Officer,  
Department of Teacher Education,  
33-Chhatra Marg, Delhi-7

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Submitted in part fulfilment of the requirements  
for the Diploma in Teacher Education, Department of  
Teacher Education, 33-Chhatra Marg, Delhi-7  
(National Council of Educational Research and  
Training, New Delhi) - 1966-67

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## P R E F A C E

Research is necessary at any field but specially it is mostly needed in the field of teacher education as the quality of education depends upon the effective programme of teacher education. In these days research is being done at secondary level in the field of teacher education but the primary level is neglected where there are ample chances of research in every branch.

We are laying more stress on education of whole person so that no aspect of individual's personality can be ignored. Hence, this piece of probing into the progress of Health and Physical Education in the Teacher Training Institute of Darya Ganj and Alipore under Delhi Administration, will help our research worker for future work.

I think this small study will give stimulation to the field workers to do some further work in their own respective fields in their own respective states so that the programme of teacher education will become effective in producing whole teachers we need today.

I am grateful to the principals, Govt. Teachers Training Institutes, Darya Ganj and Alipore



who cooperated with me and helped a lot in the completion of my work.

I am also thankful to Shri L.C. Singh, Research Officer in the Department of Teacher Education, whose able guidance and directions helped me a lot in the completion of my study.

In the end I am also thankful to officials of the library of Central Institute of Education for the help rendered to me in the selection of books and other material.



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# C H A P T E R I

## INTRODUCTION

In the age of atoms, education is important. Now the need for education is increasing due to the complexities of life and society as society is most dynamics in this material age. Taking account of the complexities of life, the new subjects and scopes are being included in the curriculum. Education is also necessary for every modern citizen to know his right and duties and how well he could exercise his right of vote.

Today's task is to educate children for their physical, mental, emotional, moral and spiritual growth and this task is to be handled by persons, who are familiar with methods of teaching and certain special skills for the purposes as well as knowledge of psychology of the children.

Modern education aims at education of the whole person. So every teacher should have a deep knowledge and understandings of children and skill in applying that knowledge and understanding. These cannot be acquired by rule of the thumb and very often an untrained teacher has to learn the job by an arduous and long practice during which it is not impossible that young children might be explored to irreparable



harm, because the teacher has not used the skills and knowledge which he should have.

As quality of education depends upon teacher training programmes, education is considered as one of the essential part of the syllabus of teacher education. The quality of good school depends upon well trained teachers but not on buildings and good furnitures etc.

Previously the stress was on physical education as the people then only believe in the proverb " Sound mind in a sound body". But now this view is changed to some extent. Now we lay stress on all round development because our aim is to produce on whole person through the process of education. Therefore, health education which also include physical education, is considered most essential part of teacher education syllabus. Without this the syllabus of the teacher education seems to be incomplete.

At present no proper consideration is given to the health and physical education. It is nowhere a complete subject. In most of the states physical education is included in practical list and health education as part of School Organization and somewhere of psychology. In every school there is one physical Instructor. Somewhere graduate, somewhere metric and physical trained. He is mainly responsible for keeping discipline of the school.



As the student teachers who are getting trained are supposed to work in those schools where there is no physical or health education trained teachers, therefore the scope of the subject is very wide.

These student teachers also will be fully equipped with the necessary knowledge, skills and attitudes required for a teacher to teach health and physical education in elementary schools. In view of these considerations, the study is important so that other states of India should include it in their syllabus as a full subject as early as possible.

Hence the study was taken with the following objectives:-

1. To find whether health education programme is proving helpful in training of teachers both male as well as female.
2. To find whether the programme is helping to future teacher.
3. To know if this programme is inculcating healthful habits in them.
4. To know if the programme is giving good information regarding good food habits.
5. To know whether they are being made as good sportsmen and sportswomen.
6. To know whether they are being trained as good first aiders.





7. To see whether the programme is producing congenial atmosphere for theory and practice of teacher education programme.
8. To see whether the programme is exploiting other agencies for teachers' benefit.
9. To see whether there is a proper arrangement for the instruction of the programme through qualified teacher educators.
10. To see whether department of education has given a serious thought to the programme of health and physical education.
11. To see whether the teacher has been provided chances to visit some centres, laboratories, clinics etc. personally.
12. To see the attitude of teachers towards the programme of health and physical education.



## C H A P T E R   I I

### STATEMENT   OF   PROBLEM

It is not possible to study the programme of the whole country so my study is limited to Delhi State only. As there are institution for training teachers at elementary level working both under some private management as well as Delhi Administration. Therefore, I took only those Institutes which are under Delhi Administration only. Hence my study is limited to only two Institutions of Delhi State i.e. Teacher Training Institute Darya Ganj and Alipore respectively. Also as both schools are meant for Girls and boys respectively. Hence the specific problem is as under:-

" The Study of health education programme in the Govt. Teachers Training Institutes, Darya Ganj and Alipore under Delhi Administration."

#### Definition of terms.

- a. programme. It includes health as well as physical education instructions carried in two Institutes under the syllabus prescribed by Directorate of Education, Delhi.
- b. Teacher. Here means student teacher under training in two institutes.



- c. Study. The study means the survey of the two institutes in connection with the assessment of the programme.

Statement of hypothesis.

The hypothesis were stated as follows:-

1. Health and physical education programme is essential and must part of teacher education programme.
2. Health and physical education programme is most helpful to the practice teaching schools.
3. Health and physical education programme is most helpful in other programme of the teacher training.



### CHAPTER III

#### Review of the literature.

For every research it is necessary that we should review the work already done by different persons in home as well as abroad so that to get some idea about their procedure and findings as well.

A lot of research has been done in the field by many educationists. Messers Edward Smith, Stomley W., Kroure, J.R. and Malk M. Atkinson have given the following definitions and suggestions in connection with this programme.

#### Health Education.

The health education programme should consist of a body of knowledge, developed throughout the elementary and secondary schools, and opportunities for the pupil to apply this knowledge to his everyday livings, both in and out of school.

Incidental teaching of health should not be confused with the collection of health education with other curricular area, which often involves considerable planning and the exacting skill of a master teacher.

The programme of health instruction in the school is concerned with the total life of the child. The individual being a complex organism, his manny





needs in addition to physical ones that should become part of the structured instructional programme.

The health teacher, whether a classroom teacher or a specialist, should develop with the pupils an understanding of aspects of health. When the basic mental, emotional and physical health needs are identified and taught as a whole, health instructions will be meaningful for the pupil, and practice of the skills, attitudes, and habits will logically follow.

Health teaching should always recognize the maturity and experience level of the learners, so that through the various grades the instruction will broaden from the simple to the complex.

### Physical Education

Physical education should contribute to the development of the individual; it should be a genuine harmonizing education concept and practice, helping each individual to add to the inner satisfaction that are fundamental to real happiness.

The educational aims and objectives to which health and physical education instruction should contribute are health and physical fitness, social efficiency and culture.

### Aims and objectives of health and physical Education.

1. Inculcating health habits for today and tomorrow, not so much to give knowledge as to provide ways and means for wholesome living.



2. Developing physical abilities and psychometric controls by providing a wide, rich programme of activities that demand and increase neuro muscular skills.

3. Encouraging the development of good sportsmanship, thus building character and better citizenship.

4. Building organic fitness through activities selected to increase the pupils' strength, endurance, agility, flexibility, and capacity to meet the physical demands of today and tomorrow.

5. Generating among the students meaningful, vitalized recreational habits and interests that will carry over into wealthy adult hobbies and avocations.

6. Practising good citizenship skills through the kind of physical competition that develops good sportsmanship. Physical competition should exist primarily to provide pupil with the opportunity to:-

- a. Develop skills
- b. Find pleasure and enjoyment through participation
- c. Give healthy recognition to the individual and group
- d. Improve himself and his personality through the development of:-

1. Self-control and confidence



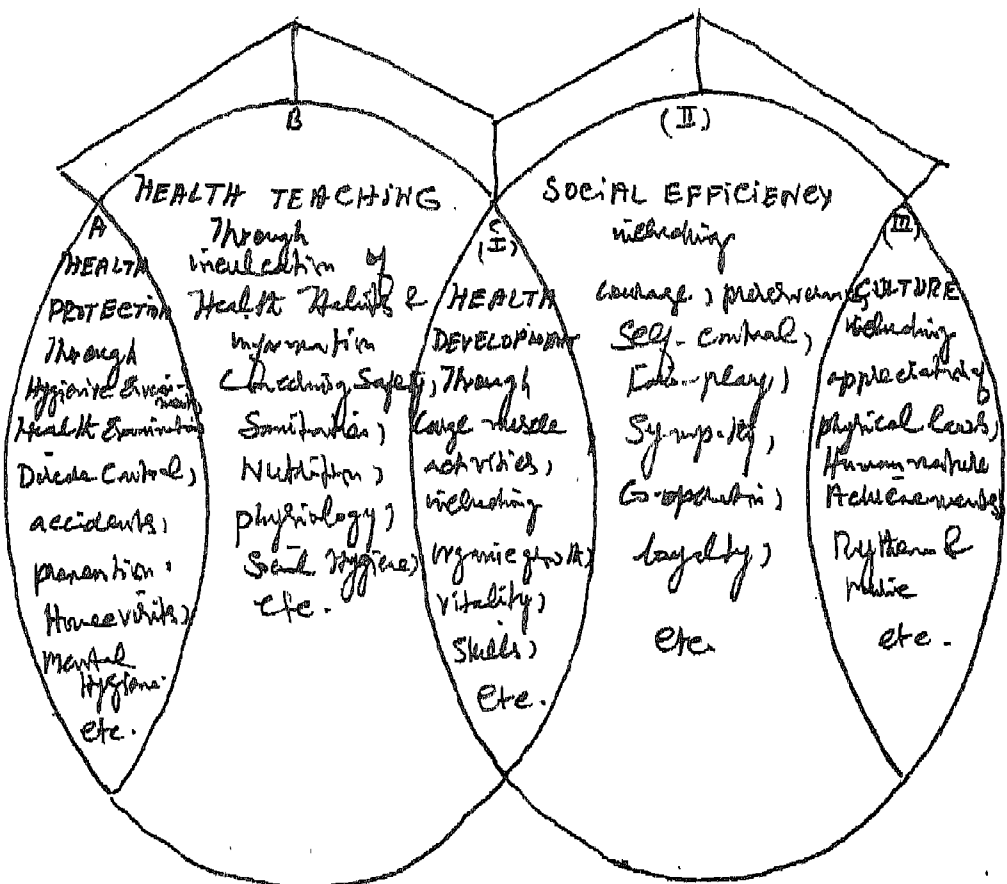
2. Decision making processes
  3. Good leadership and fellowships
- e. Test individual under various conditions and circumstances
  - f. Train individuals to accept winning and loosing graciously

### Health Education

An educational objectives that include three programmes.

### Physical Education

A method of education that serve three objectives.





Mr. Chestex W. Harris while editing Encyclopedia of Educational Research in collaboration with Marie R. Liba has laid stress on the importance of health Education and its objectives in the following words:-

### Health Education

School health education is concerned with more than knowledge, it gives equal emphasis to attitudes and practices.

### Aims and objectives

- a. Instruction of young people designed to improve their present health practices and ultimately their overall health.
- b. Promotion of adult understanding, attitudes and behaviour which will help to improve home and community health.
- c. Development of a healthier nation and world with each succeeding generation.

Mr. Caitore V. Good in the Dictionary of Education has defined the following terms which occasionally occur in the present study in more simple and clear words - as follows:-

### Health Education

The phase of education in which factual,





authentic material pertaining to health and health practices and attitude is prescribed.

### Physical Education

The programme of instruction and participation in big muscle activities designed to promote desirable physical development, motor skills, attitudes, and habits of conduct.

### Physical Educator

A professional worker in physical education particularly one who has received some professional recognition.

### Health Educator

One who teaches, instructs, or otherwise contributes to the educational development in health education.

In the Teachers' Guide Messrs. Miss L.W.R. Carson, Mr. C.G. Lons, M.B.F.F.E, Mr. A.N.G E and others have also thrown some light on the importance of physical education. It is popularly known as HADOW REPORT. The importance is clear from the following lines:-

The purpose and objective of physical education is not merely to improve the physical condition of the children and to secure the full development of their health and strength but also to aid in the development of their mental power and in the



formation of character. Physical education, therefore, has a physical result includes the influence on the general physique and maturation of the body. The educational result should be the acquisition of habits of disciplined obedience, ready response, and self-control. Miss Kamla Sood and Mrs. Annie Roy Moore in classroom Teacher's Responsibility For Health Education have defined the scope of the subject in more effective and clear word as follows:-

"The definition of health by W.H.O.

" A stake of complete physical, mental and social well being and not merely the absence of disease or infirmity".

Hence learning in health education can take place in three inter-related ways:

1. Health Environment ( designated as healthful school living by many professional groups)
2. Health Services
3. Health Teaching ("Health Education") in some groups.

If every teacher does only a little to promote health and prevent disease, think how much it can mean in the economic and social development of your country, and of all countries, and what it can mean for the health of the individual boys and girls in that teacher's class.



The World Health Organization in "Teacher Preparation for Health" has thrown light on the importance of health education for teachers.

The development of the body and the normality of the pupil cannot be disregarded in education. The place of health education in the curriculum should be determined by its value to the individual and to society. In the primary school, teachers are especially concerned with the growth of health attitudes and practices among children and less so with imparting health knowledge. At all grade levels the programme has become so heavy that healthful living and health maintenance are vital considerations. These cannot be achieved without encouraging intelligent health behaviour on the part of the individual.

Teacher Attitude towards health and health education.

The health education provided for the children and youth by the School will necessarily depend upon (a) the present policies of the country, (b) the attitude of the teachers and his interest in the health of his pupils, and (c) the skill of the teacher in utilizing opportunities for education in health. The nature of his attitude will depend upon the attitudes of his family and immediate associates, his own health status and practices over the years, and his experiences



throughout his school life, including teacher preparation.

### Objectives

The principle objectives in teacher preparation for health education are to develop:

1. a standard of personal health practices which will help to maintain the health of the individual and serve as an example to pupil or students;
2. understanding and skill in maintaining an optional emotional environment through desirable inter-personal relations;
3. an appreciation of the value, importance and place of education in health as a part of the total educational programme;
4. a willingness to play an appropriate part in the promotion of health in the school and in the community;
5. an adequate background of professional knowledge about child growth and development, personal and community health and programmes and procedures in school health;
6. understanding and appreciation of a healthy physical environment and how it is maintained;
7. skill in promoting health education and in working co-operatively with others in this sphere;
8. a knowledge of community health and social





agencies and the ways in which the teacher may work properly and effectively with them and with the home.

The recent research in the field is by Shri K.D. Bakshi of Central Institute of Education, 33-Chhatra Marg, Delhi-7. He has suggested an elaborate scheme in this connection. The following lines give a precise picture of the scheme suggested by him.

Health is one of the cardinal objectives of education, therefore, physical and health educations constitute an important part of the programme of teacher training in this country.

#### Suggestions for improvement

I. In teacher training institutions, as in other educational institutions, physical and health education may be organized and conducted as one subject, under the leadership of lecturer of physical and health education.

II. Physical and Health Education may be made a compulsory subject for all the teachers in all the states. There may be a theory paper of 75 marks; 25 marks may be reserved for sessional work. There may be 50 marks for practical work.

III. The theory paper may include;

- (a) Health Education
- (b) Physical Education



### Health Education

The health education part may consists of;

1. Modern Concept of health and health education.
2. Healthful school living:-
  - (a) Its objectives - wholesome atmosphere, healthful school day, desirable relationship.
  - (b) Site for the school building.
  - (c) Building and equipment
  - (d) Suitable sitting arrangement.
  - (e) Hygienic instruction.
  - (f) ventilation.
  - (g) Lighting.
  - (h) General house keeping.
  - (i) Drinking water facilities.
  - (j) Hand washing facilities.
  - (k) Toilet facilities.
  - (l) Facilities for physical education.
  - (m) Teacher an example in social and emotional health.
  - (n) Teacher an example in physical education
  - (o) Teacher an example in personality.

### 4. Health Services

- a. objectives - health assessment, health protection, and health correction.



- b. Periodic physico-medical examination.
- c. Health observation and health inspection for signs of defects and diseases.
- d. Immunization -vaccination and inoculation.
- e. Follow up procedure to secure correction of remedial defects.
- f. The use of family physicians, dentists, clinics, hospitals, and other agencies for the care and treatment of those in need of such advice.
- g. First aid, home nursing and care of sudden illness.

5. Health and Safety  
Instruction

- a. Objectives - wholesome habits, desirable attitudes and adequate health knowledge.
- b. Direct and incidental teaching.
- c. Different instructions for different groups.
- d. Elementary knowledge of human mechanism.
- e. Personal hygiene, bathing, clothes, exercise, pasture, fatigue, rest and relaxation, mid-day meal, food and nutrition, fresh air and respiration, care of skin, hair, nails, mouth, nose, ear and throat, rest and sleep.



- f. Social hygiene and sex education.
  - g. Mental hygiene - nature and development of personality, mental conflict, adjustment to new situation.
  - h. Recreation.
  - i. Safety education; important areas, fire prevention, traffic safety, industrial safety, athletic injuries, first-aid.
6. Function and responsibilities of teachers with reference to health and disease.
7. Common ailment of children.
8. Communicable diseases- their cause, prevention, and cure.

### Physical Education

- 1. Modern conception, principles, aims and objectives of physical education.
- 2. A general survey of the past and present trends in physical education in India and abroad. Story of Olympic games.
- 3. Interests and needs of secondary school children activities and programmes according to sex, climate, facilities and other agencies of the time-table.
- 4. Organization and administration of games and sports. Sports meets, tournaments, knock out system, league system.





5. Individual and standard efficiency tests.
6. Individual and inter-school sports.
7. Rules of games and sports, Hockey, football, volleyball, basketball, netball, throw-ball, badminton, atheletics.
8. Indigenous games and exercise.
9. Playgrounds, play centres, public recreational grounds.
10. Scouting and girl-guiding, exercises, hiking and educational trips.
11. Methods of teaching various types of physical activities, learn planning in physical education.
12. The value of folk dancing.

C. Sessional Work

1. Two tests.
2. Four assignments.

D. Practical Work

- a. Participation in formal activities like marching, callisthenic, gymnastics etc.
- b. Participation in games and sports.
- c. Conduct of ten planned lessons in physical education at the practising schools.



- d. Supervision of games and sports.
- e. Keeping health records of fine children of the practising schools and doing the necessary fellowship work.
- f. Organization of health weeks, cleanliness campaigns and sports festivals.
- g. Organizing of one duel, triangular, quadrangular track and field of sports meet.

IV. Physical education in the teacher training institution may be organized and conducted not as a therapeutic measure but as a truly educative process. Attention may be focussed not merely on exercise, perspiration and ~~body~~ building, but on providing physical activities, which properly conducted, result into experience that bring about a wholesome change in the behaviour pattern of teacher trainees.

Ethical values, interest in playing games with and against other may never be lost sight of.

Achievement of a high standard of social and moral conduct, and material utility based on character value as well as those of physical stamina through wholesome physical activities, may be regarded as the main objectives. Health development of organic vigour, in such functions of skills



for leisure time, recreation, stimulating of interest in play, and setting high standard of behaviour may always be kept before minds eye, while organizing physical and health education.

V. Specious playgrounds are essential for a satisfactory programme of outdoor play activities. Depending on the strength of institutions there should be at least ten acres of play space for training institutions. A gymnasium and a swimming pool may be provided to each training college.

VI. Half an hour of morning jerk, one theory-period during the day, and one hour of instruction period or play programme in the evening, everyday would be enough.

VII. Practice in physical and health education programme in different institutions may vary according to facilities, climate and other local conditions. However, why the nice activities, self testing activities, athletics and games and sports may be included in the programme. It may not be built upon some particular system or table of artificial exercise not upon any rigid scheme of standardization.

VIII. Sufficient and valid equipment is essential for a good programme of physical and health education carrying a large number of activities. It is not



essential to go in for costly pieces of good teacher trainees, however, may have experience in care, maintenance and storage of equipment in schools.

IX. A comprehensive programme of physical medical examination of the teacher trainees may be organized. It would provide them with incidental teaching how to cooperate with the school physician. An effective programme of "follow up" procedures may be organized.

X. The pernicious habit which students have of exercising vigorously in stout clothes with no bath and no change of clothing following the exercise is a gross violation of the fundamental principles of hygiene. Students should be in their kit while participating in physical activities. They may carry this practice even to their respective schools.

These are some of the suggestions, which if carried out, would result into enrichment of experience provided at the teacher training schools, and would, directly or indirectly, influence primary school education.





## C H A P T E R   I V

### METHOD

#### (a) Sampling

As the teacher training Institutes commonly be classified into two classes i.e. under the management of education department and under the private management. By the application of stratified sampling, the Teacher Training Institutes of Darya Ganj and Alipore were selected.

Then by applying random sampling the sections were selected. The one section of student teacher from one institute and another from the other school as the institutes were purely meant for women and men separately.

#### (b) Preparation of Tools

The only tool prepared was questionnaire. After a thorough study of the syllabus of the health Education and physical education for secondary and elementary schools, the questionnaire was prepared covering the following aspects of the programme:-

( see table on P/25)



S No.	Name of the aspect	No. of questions
1.	Content matter	7
2.	Games and Sports	4
3.	Health habits	4
4.	First Aid	4
5.	Health Agencies	4
6.	Teaching aids for health and physical education instruction	4
7.	Miscellaneous	1

### (C) Data Collection

This part of the research seems to be difficult but only on this part depends the success and failure of the study. For this different methods were applied. Some of them are as under:-

#### 1. Questionnaire

The questionnaire was administered personally because in this way we can give instructions on the spot, and there are less chances of misunderstanding or miss-interpretation of the questions. I personally went to the institutes and then administered questionnaire giving them verbal as well as individual guidance wherever possible.



Also the script of the questionnaire was Hindi so that student teacher can understand it easily.

## 2. Interview

There are some aspect about which it is difficult to gether information through questionnaire so interview method was applied. The interview was related to the following aspects of the study:

- 2-1. Physical facilities for games.
- 2-2. Games material.
- 2-3. Qualification of teacher educators taking health and physical education.
- 2-4. Views of other teacher educators about the programme of health and physical education.
- 2-5. Views of the principal towards the health and physical education programme.
- 2-6. Views of some of the student teachers about the present programme in their respective institutes.

## 3. Observation

Some aspects are such as are not able to be studied through interviews or questionnaire. They <sup>can</sup> commonly be studied carefully through observation. These aspects are as under:-

- 3-1. Reactions of student teacher towards



the programme of health and physical education.

3-2. Student teacher while working in grounds.

3-3. Actual display of the games and sports facilities.

3-4. Teaching classes.

3-5. laboratory etc.





## C H A P T E R \_ V \_

### ANALYSIS AND INTERPRETATION

The data collected through the questionnaire, interview and observation was analysed under following main aspects of health education programme:-

- a) Content matter
- b) Games and Sports
- c) Health habits
- d) First Aids
- e) Health Agencies
- f) Teaching aids for health and physical educational instructions.

#### a) Content Matter

As it was difficult to assess them in this aspect fully so some items were selected so that an idea can be had of the knowledge of the content matter. This section contained information regarding following items:-

- 1. Latrines.
- 2. Refuge pits.
- 3. Diseases.
- 4. Instruments.
- 5. Impurities of air.
- 6. First aid medicines
- 7. Diet chart.



Regarding the aspect of different types of latrines in the villages, about 66.66% male student teachers and 83.67% female student teachers replied that trench latrines were good while 23.87 ( M.S.T.) and 10.90% ( F.S.T.) replied that common type of latrines were good for villages. Even some 2.38% (M.S.T.) and 3.60% (F.S.T.) replied that flush latrines are good. They do not know the villages of India. This is due to the city type atmosphere of Delhi where most of them reside. About 4.76% (M.S.T.) suggested even commode type. They do not think that commode types<sup>are</sup> only meant for children only. Perhaps this percentage might have not seen commode so far. There were even 2.30% (M.S.T.) and 1.8% (F.S.T.) who did not reply at all. The theoretical knowledge should be connected with the practical so that theory can be benefited.

The next item was about refuge pits. About 54.76% of (M.S.T.) suggested 4' deep pits while 72.72% (F.S.T.) suggested 6' deep. Only 9.5% (M.S.T.) and 12.72% (F.S.T.) suggested 6' deep concrete pits. About 4.76%(M.S.T.) and 1.8% (F.S.T.) did not reply at all. This also shows that they have not seen the actual refuge pits at all being citizen of cosmopolitan city like Delhi.



The next item of this aspect was about the types of diseases spread by air. About 54.76% (M.S.T.) and 41.8% (F.S.T.) replied that it is T.B. while 11.9% (M.S.T.) and 1.8% (F.S.T.) answered malaria. About 26.2% (M.S.T.) and 38.18% (F.S.T.) replied cold while 4.76% (M.S.T.) and 14.54% (F.S.T.) replied itching and 2.38% (M.S.T.) and 3.60% (F.S.T.) did not reply at all. This shows that they have not understood the difference between contagious and infections.

Then the other item was about the common scientific instruments such as thermometers, lectometer, and microscope etc. About 90.5% (M.S.T.) and 85.45% (F.S.T.) replied while 9.5% (M.S.T.) and 14.54% (F.S.T.) did not reply at all. This shows that in practice they lack.

The next item was about the impurities of air. About 66.66% (M.S.T.) and 83.63% (F.S.T.) replied dirty gas as impurity while 4.76% (M.S.T.) and 3.63% (F.S.T.) replied dust particles and 9.52% (M.S.T.) and 5.45% (F.S.T.) told water vapour. About 19.04% (M.S.T.) and 7.26% (F.S.T.) did not reply at all.

The other item of the aspect was about the first aid medicines. About 38.19% (M.S.T.) and



63.63% (F.S.T.) replied Tincture Iodine while 50% (M.S.T.) and 21.8% (F.S.T.) replied bandages. About 7.27% (F.S.T.) replied cotton while 11.9% (M.S.T.) and 7.27% (F.S.T.) did not reply at all. This shows that they were quite ignorant about first aid medicines because we are depending more on hospitals facilities.

The last item was about the diet chart for children, youngmen, ~~from~~ oldmen and labourer. About 90.4% (M.S.T.) and 4% (F.S.T.) replied while 9.4% (M.S.T.) and 6% (F.S.T.) did not reply at all. The large non-response of (F.S.T.) shows that no proper training at home is being given to our would be mothers.

From the information received it is learnt that the knowledge they got from theory is not properly related with practice. Hence emphasis should be given to relate this knowledge to practice so that more student teachers should take benefit out of it.

#### b) Games and Sports

This aspect deals with games and sports which are closely connected with the health and physical education. For this reason following items were selected for the questionnaire:-

1. Commonly play ed games.





2. Length X Breadth of different fields for games.
3. Correlation of different games with some of the subjects in primary classes.
4. Indoor games etc.

The first item was about the commonly played games in their respective training institutions. Their responses i.e. ( M.S.T. & F.S.T.) can be easily understood from the following table:-

TABLE -1

S.No.	Name of the Game	Percentage of males(T.T.)	Percentage of female (S.T.)
1.	Hockey	16.6%	7.27%
2.	Football	26.1%	38.1%
3.	Badminton	7.1%	18.1%
4.	Kho - Kho	33.2%	32.7%
5.	Non-responses	16.6%	3.65%

Most of the student teachers have indicated that the facilities are lacking in institutions. Also from my own personal observations I have found that if sports material is available, the ground



facilities are lacking and if ground is available, then initiative on the part of institute is lacking.

The next item was about the length and breadth of some of fields for games. About 28.57% (M.S.T.) and 7.2% (F.S.T.) attempted that item while 71.4% (M.S.T.) and 92.7% (F.S.T.) did not reply at all. It seems that theory is not being related with practice.

Then other item of this aspect was about the correlation of different games with some primary subjects i.e. Arithmetic, Social Studies, General Science and languages. They were supposed to name only one game for each subject. About 64.3% (M.S.T.) and 41.8% (F.S.T.) could name four games while 7.04% (M.S.T.) and 20% (F.S.T.) could name three and 14.68% (M.S.T.) and 9.9% (F.S.T.) could name only two. About 9.5% (M.S.T.) and 14.5% (F.S.T.) could name only one game at all while 14.5% (M.S.T.) did not response at all. This shows in training schools the play way method is somewhat being neglected which is a good and interesting method for primary classes especially for the beginners.

The last item was about the indoor games. They play on holidays. This picture we can clearly



See from the following table.

TABLE No. 2

S No.	Name of the Game	Percentage of (M.S.T.)	Percentage of (F.S.T.)
1.	Chess	9.66%	10.90%
2.	Carum board	57.10%	63.60%
3.	Playing cards	23.80%	21.80%
4.	Bridge	4.70%	3.60%
5.	Non-response	7.10%	nil

It is clear from the above table that large number of our student teachers play carum board. Next to carum board is playing cards. From the table it is clear that our future teachers are having indoor games which is a healthy habit. The(F.S.T.) were at advantage in this respect as 100% of them were having some indoor games while 7.10% of (M.S.T.) were not having any game at all.

### (c) Health Habits

This section deals with the health habits. This aspect was selected to know how far they have formed good health habits which will have a



good impression on their pupils.

The first item was that while playing hockey your opponents have hurt you. What will be your reaction towards him? About 97.61% (M.S.T.) and 90.9% (F.S.T.) replied that they will play like a good sportsman while 2.44% (M.S.T.) and 3.6% (F.S.T.) replied that they will play having a revengeful attitudes. About 1.8% (F.S.T.) indicated that they will play having attitude like enemy.

The next item was about the tea taking i.e. how many times a day do you take tea. This can be clearly understood from the following table:-

TABLE No 3

S.No.	No. of items	Percentage of (M.S.T.)	Percentage of (F.S.T.)
1.	Four times	4.70%	3.6%
2.	Three times	nil	9.09%
3.	Two times	19.3%	52.72%
4.	Once	30.95%	23.6%
5.	Never	45.2%	10.9%

The majority of (M.S.T.) i.e. 45.2% do not take tea at all while majority of (F.S.T.) i.e. 52.72% take tea twice a day. The 30.95% of (M.S.T.)





take tea only once a day. The number of (F.S.T.) who do not take tea is only 10.9%. Also while 9.09% (F.S.T.) take tea thrice; the number of (M.S.T) is nil.

The next is about smoking habits. This can also be clearly seen from the following table:-

TABLE No 4

S.NO.	Specification	Percentage of (M.S.T.)	Percentage of (F.S.T.)
1.	For peace of mind	14.2%	5.4%
2.	For solution of problem	9.66%	1.8%
3.	For hotness in winter	4.70%	nil
4.	is harmful to lungs	7.10%	21.8%
5.	Non-smoker	64.3"	70.9"

From the above table it is clear that majority of our future teachers i.e. 64.3% (M.S.T.) and 70.9% (F.S.T.) are non smokers. The most interesting thing is that about 29% (F.S.T.) are smokers. This may be due to the effect of western culture in a cosmopolitan city like Delhi.

The last item of this aspect was that if you happen to be in a hospital where there is a



great rush. About 76.1% (M.S.T.) and 51% (F.S.T.) indicated that they will wait in que while 14.27% (M.S.T.) and 1.3% (F.S.T.) replied that they will return home. About 4.7% (M.S.T.) and 3.6% (F.S.T.) replied that will try to enter through the backdoor some how or other. Also 4.7% (M.S.T.) and 1.3% (F.S.T.) have given no response at all. More stress should be laid on the healthy habits in our training institutions as these student teachers are supposed to impress on would be leaders.

(d) First Aid

This section deals with the information regarding first aid. For the study some of the following items were selected for the aspect of the study.

1. Snake biting.
2. Drowning.
3. First aid teaching.
4. First aid training.

The first item of this aspect was what will you do if a snake has bitten one of your friends. About 100% (M.S.T.) and 96.36% (F.S.T.) replied that they will give some first aid while 3.60% (F.S.T.) indicated that they the will call on the doctor atonce.

The next item was about the first aid for



drowning person. About 97.6% (M.S.T.) and 78.1% (F.S.T.) expressed that they will give artificial respiration while 2.44% (M.S.T.) and 9.09% (F.S.T.) replied that they will carry him to the nearest hospital. The rest i.e. 9.09% (M.S.T.) will wrap him in a woolen blanket and 3.6% (F.S.T.) also have give no response at all.

The next item was from which ~~class~~ the first aid information should start. About 21.42% (M.S.T.) and 38.1% (F.S.T.) replied that information should start from primary classes while 52.37% (M.S.T.) and 58.1% (F.S.T.) opted that from middle classes. About 23.7% (M.S.T.) and 3.6% (F.S.T.) replied that it should start from secondary classes while 2.44% (M.S.T.) indicated that it should start from university classes.

The last item of this section was that if names for first aid training are being written in your school, what would be your reaction for this. About 71.4% (M.S.T.) and 76.37% (F.S.T.) replied that they will enlist their name at the first instance while 16.6% (M.S.T.) and 16.36% (F.S.T.) will give their name after a great consultation. Also 9.66% (M.S.T.) and 1.8% (F.S.T.) will give their name after consulting their parents while 2.44% (M.S.T.) and 5.4% (F.S.T.) did not reply at all.



This aspect needs more attention as these teachers are supposed to be posted in primary schools where medical facilities are not so common, therefore, they should know more about first aid and related information.

(e) Agencies Working For the Development of Health Education

This section deals with the agencies working for the development of health in villages, cities and in the world too. For the study the following items were selected:-

1. Agencies imparting training in health education.
2. Agency responsible for health in city
3. Agency responsible for health and cleanliness in the training institution itself.
4. Agency of the world working for health throughout the world.

The first item was to name any two agencies which are imparting training in health education. About 57.52% (M.S.T.) and 21.8% (F.S.T.) could name two while 14.20% (M.S.T.) and 29% (F.S.T.) could name only one. About 26.19% (M.S.T.) and 49% (F.S.T.) did not name even at one.

The next was about the name of agency in city responsible for health and cleanliness. About





90.4% (M.S.T.) and 58.1% (F.S.T.) replied correctly while 9.5% (M.S.T.) and 41.8% (F.S.T.) did not reply at all.

The other item of this aspect was about the agency responsible for health and cleanliness in their respective training institutes and to state four of its objectives. Only 16.6% (M.S.T.) could give four objectives while 1.8% (F.S.T.) could give only three and 3.6% (F.S.T.) only two. About 83.3% (M.S.T.) and 94.54% (F.S.T.) did not even reply. This shows that our institutes are not taking initiative in training of our future teachers.

The last item was about the world organization busy in health activities. Only 54.7% (M.S.T.) and 54.5% (F.S.T.) replied correctly while 45.2% (M.S.T.) and 45.4% (F.S.T.) did not reply at all.

This aspect of the study is weak and it needs special attention. So we should try to establish such agencies in our training institutes so that our future teachers should take some initiative in them.

(f) Teaching Aids in Health Education

This section deals with the teaching aids in health education. For the study of this aspect



the following items were selected:-

1. Aids for teaching in 1st class.
2. Areas of teaching aids.
3. Utilization of teaching aids.
4. Choice of teaching aids as a head master.
5. Defect in health education and some suggestions.

The first item of this aspect is that how will you support your teaching in health education in 1st class. About 3.6% (F.S.T.) replied that they will support orally while 76.1% (M.S.T.) and 90.9% (F.S.T.) replied that they will support with coloured charts prepared by them. 21.42% (M.S.T.) replied that they will support with coloured charts made of press and 2.44% (M.S.T.) and 1.8% (F.S.T.) replied that they will support with pictures mounted in glass frames. 3.6% (F.S.T.) did not reply at all.

The next item of this aspect was that to what extent teaching aids are necessary for a teacher. About 47.6% (M.S.T.) and 76.3% (F.S.T.) replied that they are very important while 50% (M.S.T.) and 20% (F.S.T.) replied that they are only important. 2.44% (M.S.T.) replied that they are not necessary while 3.6% (F.S.T.) did not reply at all.



The next item was how will you utilize teaching aids while teaching. About 80.4% (M.S.T.) and 92.71% (F.S.T.) replied that they would use prepared by themselves, while 4.7% (M.S.T.) would use by borrowing from others. About 14.20% (M.S.T.) replied that they would use very rarely while 3.6% (M.S.T.) also replied that they would use very frequently.

The other item of this aspect was selection of teaching aids as a headmaster of the primary schools. About 19.4% (M.S.T.) and 1.8% (F.S.T.) prepared models, 21.42% (M.S.T.) and 14.54% (F.S.T.) charts; 50% (M.S.T.) and 72.70% (F.S.T.) first aid box and 2.44% (M.S.T.) prepared other things but did not name them. About 7.1% (M.S.T.) and 10.9% (F.S.T.) did not reply at all.

The last item of this aspect was of a miscellaneous nature that is about the defects in health education programme and some suggestions to improve it. About 69.4% (M.S.T.) and 12.72% (F.S.T.) mentioned only two defects while 4.7% (M.S.T.) mentioned only one defect. About 26.19% (M.S.T.) and 87.2% (F.S.T.) did not reply at all. None of the student teacher gave any suggestion for improvement of programme.



We should try our utmost to train our students critically so that they may be able to judge critically the training programmes of our institutes.

From the above study it is clear that most of the student teachers are gaining from this programme in their respective institutions. We should lay more stress to put theory into practice so that more benefit can be had out of this programme.

This programme should be accepted as an essential part of our training for teachers syllabus and every state should try to implement it as early as possible as it does not need any financial provision because physical instructors are already working in training institutions. Only they should be given some in-service training in health education.





## C H A P T E R VI

### SUMMARY OF THE FINDINGS

The main findings of the study are briefly summarised below:-

#### 1. Content Matter

- 1-1. The content matter should be related to the practical experience in daily life.
- 1-2. The student teacher should be guided how to handle some common instrument used in daily life.
- 1-3. The content matter should be taught to them effectively so that student teachers should take interest in it.
- 1-4. They should know much about different types of latrines, refuge pits, diseases, impurities of air, water and diet charts.

#### 2. Games and sports

- 2-1. The student teacher know little about common games.
- 2-2. The student teachers should know a large number of games for teaching different subjects.



2-3. They should also know the rules of common games.

2-4. The schools should possess ample materials and good ground facilities.

### 3. Health Habits

3-1. The student teachers were not very rich in health habits.

3-2. The training institutes should organize a programme to build health habits in student teachers.

3-3. More situation should be provided to them so that they may find ample chances to build positive habits.

3-4. The teacher educators should set examples before the student teacher.

3-5. A good programme of visits should be organized which should be well planned.

### 4. First Aid

4-1. The student teachers were not having a good attitude towards first aid.

4-2. They should be given some 15 days training in first aid while under training with the help of some outside agency like Red Cross.



4-3. The school should also organize some camps where situations for practice should be created.

4-4. The theory taught in this context should be related to practical utility in daily life.

5. Agencies working for the Development of health education.

5-1. The student teachers know very little about agencies working for health education.

5-2. This aspect should be strengthened by arranging some visits to those agencies.

5-3. Some agencies responsible for cleanliness and health should be formed in the training institute to give student teachers training.

5-4. The non-residentialness of the institute is also responsible for the lack of these types of programmes.

6. Teaching aids in Health Education

6-1. The most of the student teachers were weak in this respect.

6-2. They should be given some special



training to prepare aids in this subject.

- 6-3. Some situations in the institute itself should be provided to form a positive attitude in them towards teaching aids in health education.
- 6-4. The teacher educators should also use some effective aids while imparting instructions to the student teacher in this subject.
- 6-5. The student teacher should be guided to evaluate the programme for health and physical education critically so that they should be able to know the weak and strong points of the programme.
- 6-6. The teacher educator should be given special training in health education.

### Limitations

1. No recent study has been made in this field since long, so recent research is not available.
2. No proper record is prepared and kept in this respect by the teacher educators who are responsible for the specific subject.





3. The facilities of personal contact were not so good due to some administrative difficulties.
4. Time allotted to the study was not sufficient so it was not possible to go deep into the study.
5. The money matter was also responsible because this study needs money which is responsible for the success of every study.

Suggestions for improvement  
and further research.

The study needs further probing as no work has been done so far in this field especially in the programme of teacher education. Also from the study of syllabuses of different states in India, it is clear that in most of the states health and physical education is not full fledged subject.

My belief is that if we combine health and physical education both and give the equal weightage, then it will have some effect in bearing on the student teachers who will impress the coming generations.

The scheme suggested by Shri K.D. Bakshi of Central Institute of Education, Delhi which I have discussed in detail in the III Chapter is



quite good though he has suggested for secondary teacher.

Hence I lay stress on some of the following parts:-

1. All State Boards for teacher Education should take health and physical education as one of the subjects for teacher education at elementary level.
2. Proper weightage to both subjects should be given.

i.e.		Theory		Practice
Health Education	75 =	50	+	25
Physical Education	75 =	50	+	25
<hr/>				
	150 =	100	+	50

3. The special training in health education should be given to the teacher educators in charge of physical education.
4. Only one person should take the complete subject i.e. physical and health education.
5. The physical education dept. should cooperate with health education wing of health Dept. for the success of the programme.
6. The education dept. should include health and physical education in the syllabus



of primary schools.

7. Some short term training camps should be organized by the training institutes with the help of State Institute of Education not other allied depts.
8. The State Institute of Education should also do some research in this field. It should organize refresher courses for teacher educators handling the subjects.
9. Some provision should be made in the allotment of grants for these subjects also.
10. The Extension Centres at primary level should also contribute a lot in this respect.



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